



Co-developing key messages to support vaccine uptake amongst people experiencing homelessness

This report was developed through funding by UKHSA Health Equity and Inclusion Health Division. This report does not necessarily reflect the views of UKHSA.

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Executive summary

This report presents key messages and findings in relation to vaccination communications co-developed with people with lived experience of homelessness. The aim of this project, commissioned by UKHSA, was to create co-developed key messages that raise awareness of the importance of vaccines, and how, where and when to access vaccinations.

Four focus groups were undertaken with thirty-five people with lived experience of homelessness. Eight key themes were identified that were felt to be important when discussing messaging to encourage uptake of vaccinations.

Influenza and pneumococcal vaccines were given as focus example vaccines for this project. Currently not all people who experience homelessness are eligible for these vaccinations, however these two vaccines were selected as many people who experience homelessness may be eligible due to [high rates of chronic disease](#). These vaccines may also possibly be the focus of potential future targeted programmes for people experiencing homelessness given a [recent JCVI recommendation](#).

Wider general principles for vaccine communication were also identified through this work. A Groundswell peer-led steering group developed key messages relating to these themes. These messages were then peer-reviewed by a separate group and developed further through more extensive consultation. UKHSA then reviewed the messages to ensure they reflected latest public health information and met requirements for use in any future vaccination campaigns.

Key vaccination communication principles that came out of this work were:

- **Information needs to be concise** with clear, specific, language, using bullet points, appropriate pictures (especially graphics or drawings), and colours that are dyslexia friendly. Using case studies and personal experience makes content relatable.
- A **dedicated leaflet** for people experiencing homelessness is recommended, but mainstream materials should also acknowledge homelessness and consider that people experiencing homelessness often face multiple health conditions.
- **Materials should focus on:** what the vaccine is, why it is important and the effect of the vaccine (reducing risk of infection, or reducing risk of severity or both) not, using mixed methods (i.e. short videos, social media campaign, leaflets)
- The **delivery mechanisms** for communication and access are important - communicating via day centres and services, training hostel staff to discuss vaccines,



recruiting peer health champions as vaccine ambassadors, ensuring vaccines are easily accessible through outreach clinics, in locations where people feel comfortable, walk-ins at local pharmacies or clinics without needing an appointment, support for transport, integrating vaccines into broader health promotion or care events, offer incentives.

The final section of this report lists coproduced key messages recommended for use in vaccinations communications with people experiencing homelessness.

Background

In early 2025 Groundswell were commissioned by the UK Health Security Agency to deliver a project to codesign key messages to support vaccination uptake amongst people experiencing homelessness. This was in response to previous work undertaken by UKHSA highlighting the importance of lived experience and co-development of messaging for people experiencing homelessness, to help improve access to vaccinations.

What we did

We recruited a steering group of 4 volunteers with lived experience of homelessness who met four times throughout the process. The steering group supported us to develop the delivery plan for the project and assisted with developing the key messages that were important to explore with people experiencing homelessness, that had arisen from the themes of the research. UKHSA provided Groundswell with clinical and factual background information about vaccination. Throughout and at the end of the project we reviewed information with UKHSA to highlight where key messages arising from this project may differ from standard messages. Where there were clinical or factual errors in the messaging developed through this project this was updated, and learning from this will be addressed in any future development of vaccination communications for people experiencing homelessness.

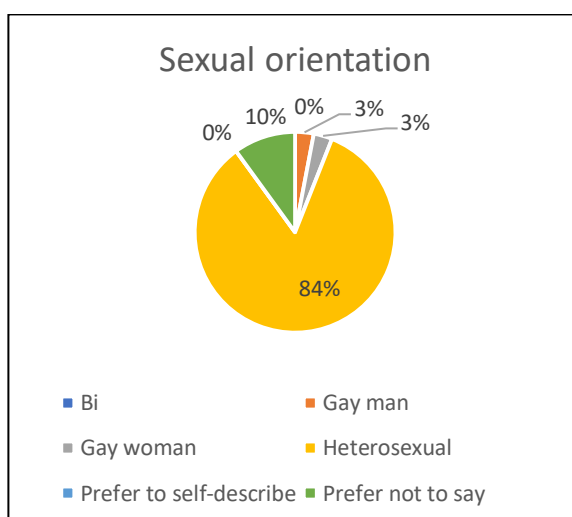
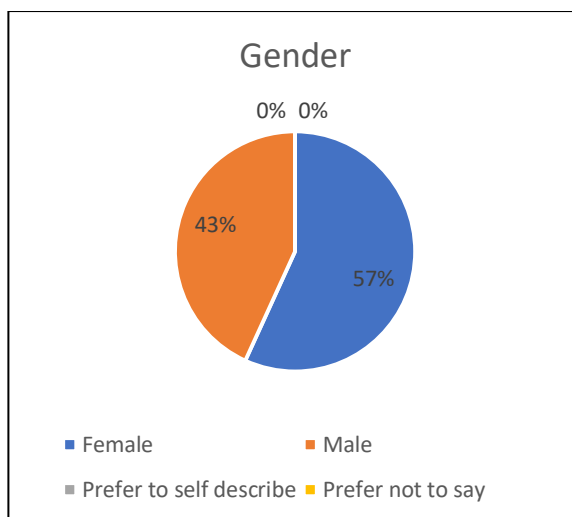
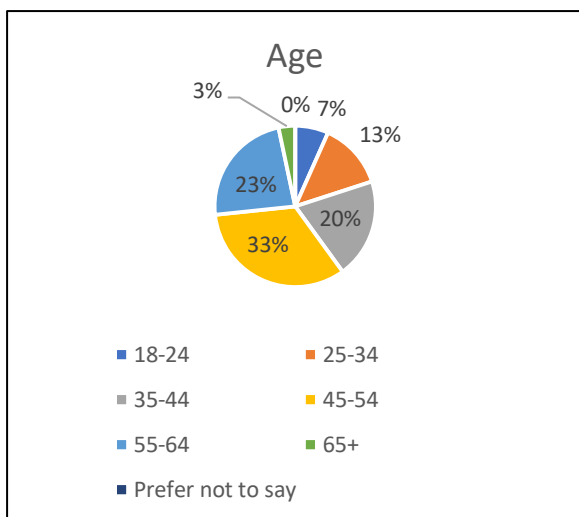
We conducted four focus groups at daycentres, hostels and other services supporting people experiencing homelessness across London and held one online workshop with people with lived experience of homelessness who are members of our network.

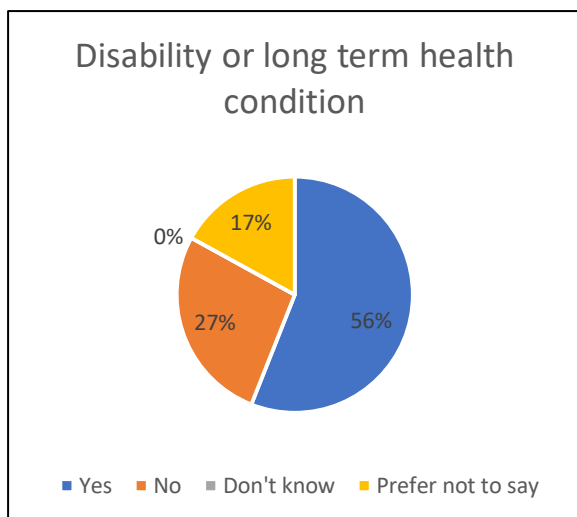
The focus of the groups was to understand people's experiences of vaccinations, including any concerns and reviewing existing health literature.

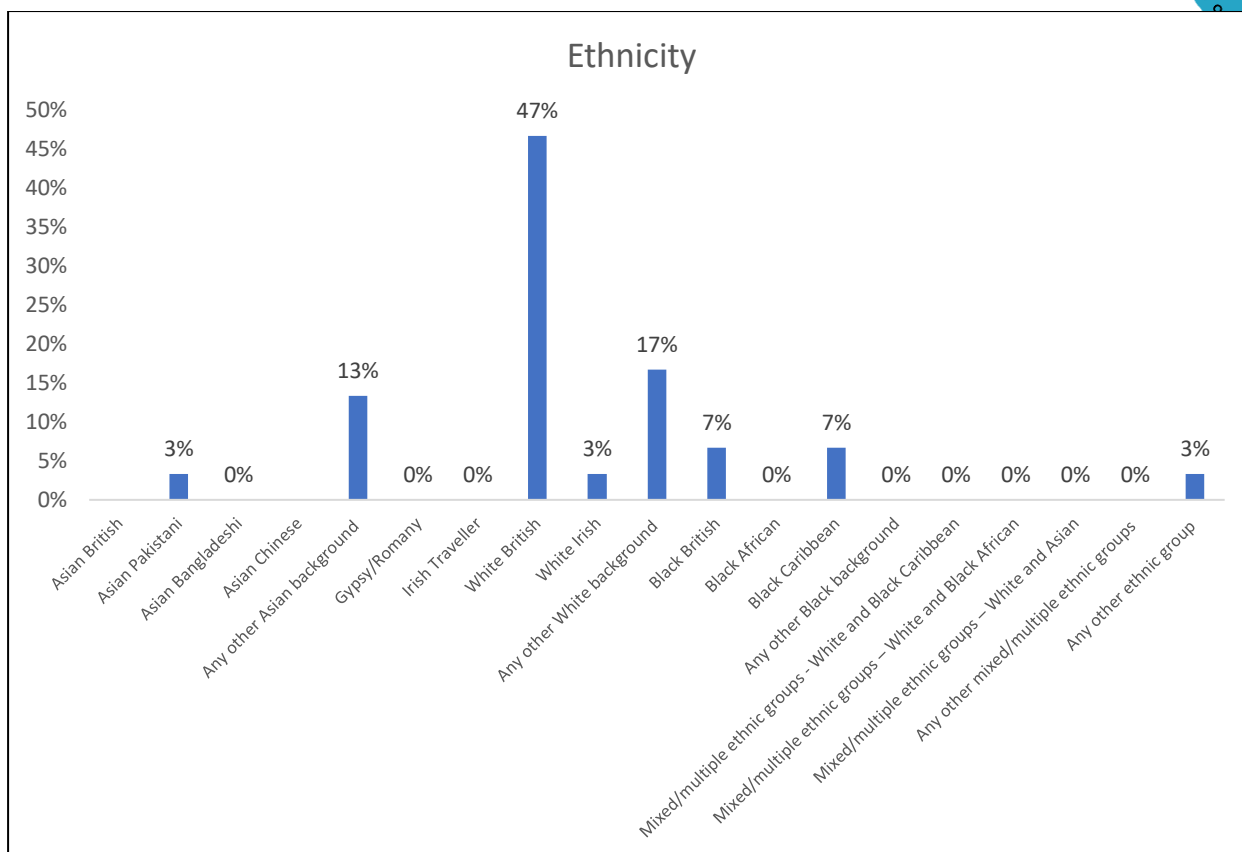
We also held an evaluation workshop with 12 members of Groundswell to refine the key messages from the research and steering group.

Demographic information

Of the 35 people we spoke to here is the demographic information we collected:







Findings

A. Key themes on vaccination:

The focus of the groups was to understand people’s experiences of vaccinations, including any concerns and reviewing existing health literature. The key themes that emerged were then used to help develop messages to improve information about, and access to, vaccination for people experiencing homelessness. These messages and approaches were developed within a subsequent evaluation workshop.

There were eight key themes that came through in our discussions with focus group participants reflecting a breadth of issues that influence views on vaccination :

- Prevention of ill health:

“But I get the flu jab every single year and yeah it’s just part of winter routine now, I know winter’s coming when I get the flu jab and I haven’t had the flu yet”

- Costs:

“do you have to pay for it? Because in other countries you pay”

- Side effects:

“it makes you feel a bit rough but it’s worth doing”

- Protection of others:

“it’s being socially responsible, not sort of spread thing to people we know, family, friends or whatever”

- Fear:

“I guess initially my mind was fear, fear of taking it because you don’t know what’s going to be the result of it, but also fear of what would happen if I did get flu or whatever”

- Trust:

“For me it was about trust, trusting the system, which sounds odd but actually I just had to put some trust in thinking that these were the right things for me and listening to the people who know”

- Choice:

“it’s always a choice isn’t it? But when people feel forced to take something they’re less likely to want it”

- Support:

“you can have someone go with you but they don’t always advertise that”

B. Feedback on existing health literature and recommendations for communicating with people experiencing homelessness:

The focus groups reviewed some key public health resources on different vaccination programmes which are listed in Appendix 1. Feedback centred on the following key areas:

Content & Structure:

- Information is essential but needs to be much shorter with fewer words.
- Use bullet points and pictures to improve clarity and engagement.
- Avoid unnecessary duplication of information.
- While flu is serious, references to death may be off-putting.
- Focus on clear, concise language, avoiding complicated or overwhelming detail.

Target Audience & Accessibility:

- A dedicated leaflet for people experiencing homelessness is recommended, but mainstream materials should also acknowledge homelessness.
- Information should be engaging and accessible, considering that people experiencing homelessness often face multiple health conditions.
- Avoid long documents and complicated language, as they may deter engagement.

- Use colours that are dyslexia-friendly and ensure materials are culturally sensitive (e.g., mentioning gelatine in vaccines).
- Clarify when vaccines should be received—e.g., instead of “autumn,” specify September, October, or November.

Presentation & Design:

- Graphics or drawings are preferable to photos, especially if they could contribute to stigmatisation or discrimination.
- Images should be appropriate and not childish.
- Use case studies and personal experiences to make the content relatable.

Communication & Delivery:

- Materials should focus on the key points:
 1. What the vaccine is
 2. Why it’s important
 3. How it works e.g. reducing risk of infection, reducing risk of severity or both.
- Use mixed media to reach a diverse audience, including short videos in GP surgeries, A&E, and social media campaigns.
- Communicate via day centres and services used by people sleeping rough.
- Train hostel and support staff to discuss vaccines with people.
- Recruit peer health champions to act as vaccine ambassadors.

Additional Considerations:

- Provide clear information on the vaccine itself, such as size of the needle.
- Consider alternative options if possible e.g. nasal spray for those with severe needle phobia acknowledging that this would require careful consideration on a case by case basis (for example use of nasal spray for flu vaccine is not as effective in those 18 and is outside of the license of the vaccine)
- Ensure people can easily understand both risks and benefits.

C. Recommendations to support delivery of vaccinations to people experiencing homelessness:

- Ensure vaccines are easily accessible through outreach clinics and in locations where people feel comfortable.

- Offer walk-in options at local pharmacies or clinics without the need for appointments.
- Provide support for transport to help individuals attend vaccination sites.
- Integrate vaccines into broader health promotion events, offering opportunities to discuss overall well-being (e.g., nutrition, hygiene).
- Use trusted ambassadors to promote vaccine uptake.
- Offer incentives such as hot drinks, snacks, vitamins, and symptom relief (e.g., paracetamol).
- Ensure people have the option to speak to a clinician for more information before receiving the vaccine.
- Make vaccine information clear and accessible, including risks, benefits, and ingredient lists for those who want to research.
- Direct people to reliable sources of information (e.g., pharmacists, health professionals).
- Avoid overcomplicating the process with strict appointment systems or requiring visits to multiple locations.

D. Key coproduced messages

One of the key aims of this work was to codevelop key messages that could be used in future printed materials to share information on vaccination. The methodology of codeveloping these key messages included several steps. Original key messages were developed by the steering group in response to each the key themes identified from the focus groups. These were presented to a group of 12 Groundswell peers to review and make recommendations for any adaptations. Upon testing of the messages developed, the peer review demonstrated that the style and language needed changing to be more meaningful for people experiencing homelessness.

UKHSA then reviewed these messages to ensure they contained latest up to date public health information, and provided factual corrections if needed. Below are the final messages coproduced by Groundswell and UKHSA, to support development of future vaccination campaigns for people experiencing homelessness.

One worked example is given here to show the co-development process

Example of key coproduced message process for flu vaccine

Step 1: Original steering group message:

- It's a good idea to get the flu vaccine every year, it doesn't stop you from getting the flu but it does lessen the effects and can help keep you out of hospital.

Step 2: Peer recommendation updated message:

- It's a good idea to get the flu vaccine every year, it doesn't stop you from getting the flu but if you do catch it, it can lessen the effects and can help keep you out of hospital.

Step 3: Final coproduced key message (Steering group, peer review and UKHSA public health check):

- It's a good idea to get the flu vaccine every year. It helps stop you from getting the flu. There's still a chance you might get flu, but if you do catch it, it can lessen the effects and might keep you out of hospital.

General vaccination key coproduced messages

- Experiencing homelessness is bad for your health in too many ways, and infections can spread quickly. Having a vaccine can offer you a layer of protection to prevent you from becoming unwell.
- If you have any questions about vaccines you can find information here [Vaccinations - NHS](#) or speak to a pharmacist or other health professional.
- A vaccine is usually given in the top of one of your arms, if you can, wear layers or loose clothing that allows easy access to the top of your arm.
- If you have any questions or concerns about getting a vaccine or about a vaccine ingredients you can find information here [Vaccinations - NHS](#) or speak to a pharmacist or other health professional.
- Having a vaccine is usually really straightforward and only takes a few minutes.
- Health professionals are trained in vaccinations and are there to support you. They have information and advice for you if you need it.
- By getting vaccines you are not only helping yourself and those around you. You are also helping to prevent the NHS from becoming overwhelmed, especially at winter.
- It is important to remember it is your choice whether or not to have a vaccine and you should make an informed decision based on facts, you can find information about the vaccine [Vaccinations - NHS](#) or you can speak to a trusted health professional.

If you are unsure of the side-effects of vaccines you can speak to a pharmacist or other health professional.

- You can ask someone to come with you when you have the vaccine if that would make you feel more comfortable, or you can ask your GP practice for a chaperone.

Key coproduced messages for flu vaccine if eligible

- Are you over 65? Do you have a health condition like asthma or COPD? If yes to either of these questions, you are entitled to a free flu vaccine. Getting a vaccine can

prevent you from becoming seriously unwell. If you are not sure if you are eligible check with your GP practice or pharmacist.

- If you are over the age of 65, pregnant, or have certain health conditions, you may be invited to have a vaccine by your GP. If you haven't and are unsure if you are eligible, just ask your GP practice or local pharmacy.
- Having a flu vaccine can help keep you safe for months, this is particularly important in winter when flu is more common
- It's a good idea to get the flu vaccine every year. It helps stop you from getting the flu. There's still a chance you might get flu, but if you do catch it, it can lessen the effects and might keep you out of hospital.
- Side effects vary from person to person, and you might not get any, common side effects are a sore arm where you had the injection and mild flu-like symptoms, all side effects usually go away within a few days. If you are worried you can speak to a pharmacist or your GP practice.
- It is important to get the flu vaccine each year as the virus strains may change.
- Often your local pharmacy is the easiest way to get a flu vaccine, or you can check with your GP, whichever you prefer.
- Drop in to your local pharmacy, this is often the easiest and quickest way to get a flu vaccine, or you can check with your GP, whichever you prefer.

Key coproduced messages for pneumococcal vaccine if eligible

- Even if you have had pneumonia, it is still important to get vaccinated if you are offered the pneumococcal vaccine. People aged 65 and over should have one dose of the [Pneumococcal vaccine](#). A very small group of people with certain high risk conditions may need a booster every five years, as advised by a health professional
- For those who are advised to get it, just one dose is usually recommended. A small number of people may need to receive a booster every five years, your GP can advise on this.

Key coproduced messages in the event of future implementation of targeted programmes

The [Joint Committee on Vaccination and Immunisations](#) (meeting 05/06/24) recently recommended that flu and pneumococcal vaccination be offered to all those who are rough sleeping, using a hostel or night shelter. This has not been implemented as policy but some key messages have been developed that could support such a future programme if it were to be implemented.

- If you are experiencing homelessness, you can be more vulnerable to catching respiratory infections because of poor health, difficulty accessing services and poor living conditions. Having a vaccine can help prevent you from becoming unwell.
- If you catch flu when you are experiencing homelessness it can be really unpleasant, especially if you don't have a safe, warm and comfortable place to stay. It can also

take much longer to recover. Having a vaccine can offer a layer of protection to prevent you from becoming seriously unwell.

- Everyone is entitled to good health, we know that people experiencing homelessness can face barriers accessing health services. The flu and pneumococcal vaccine are free to anyone that is rough sleeping, in a hostel, or a night-shelter., You do not need to be registered with a GP, you do not need an address and your immigration status does not matter.
- By getting a flu or pneumonia vaccine you are not only protecting yourself, you are also protecting all of those around you.
- By getting a vaccine you are not only protecting yourself, you are also protecting all of those around you. Older people, or people who have health conditions are more at risk from flu and other viruses. By having the vaccine you can prevent them, and yourself, becoming ill and even ending up in hospital.

Area for further development

There was one area where consensus could not be reached in the coproduction process. Both the steering group and people with lived experience peer review highlighted the importance of addressing fear around vaccines. The UKHSA vaccination communications approach is not to highlight fear of needles in case raising it could inadvertently increase concern. Careful consideration is needed about delivering such messages e.g. for peer advocates where people have shared that they have a fear of needles it may be helpful to have agreed messages that could be shared on a one-to-one basis but these messages would not be appropriate for printed materials. UKHSA and Groundswell have identified a need to explore further together how best to address fear.

Appendix: Health literature resource that were reviewed in focus group

- [Flu vaccination: who should have it this winter and why - GOV.UK](#)
- [All about flu and how to stop getting it](#)
- Easy Read pneumococcal guide (not available online anymore):



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+Read+Pneumococca